

**NOTICE OF ADDRESS CHANGE
OR
OFFICE CLOSURE**

(15 days prior to move/closure)
(Idaho Code §28-46-406)

Company Name _____

Effective Date _____ License Number(s) _____

Old Address _____
City State Zip

New Address _____
City State Zip

New Phone _____ New Fax _____

Office Closures: Provide a detailed explanation of the disposition of all loan files that were pending, withdrawn, denied or otherwise unclosed. Additionally, if closed files or other records were stored at the licensed location, provide details on their disposition and location:

Signature

Date

Printed Name and Title

Phone